

MAY PEN INSTITUTE OF EXCELLENCE

70 Manchester Avenue, Denbigh, Clarendon.

REGISTRATION FORM

STUDENT INFORMATION

NAME OF STUDENT _____ D.O.B. ____/____/____
Last First Middle Day Month Year

ADDRESS _____
STREET OR DISTRICT POST OFFICE PARISH

TEL.# _____ CHURCH/DENOMINATIONAL AFFILIATION _____

PLACE OF BIRTH _____ NATIONALITY _____

PREVIOUS SCHOOL ATTENDED (GIVE NAME, LOCATION AND DATES OF ATTENDANCE OF ALL PREVIOUS SCHOOL)

NAME OF SCHOOL	LOCATION	DATE OF ATTENDANCE

PARENT & GUARDIAN INFORMATION

NAME OF FATHER _____ IF DECEASED, DATE OF DEATH _____

ADDRESS _____ TEL: _____

EMAIL ADDRESS _____ OCCUPATION _____

EMPLOYER'S NAME _____

NAME OF MOTHER _____

ADDRESS _____ TEL: _____

EMAIL ADDRESS: _____ OCCUPATION _____

EMPLOYERS NAME _____

NAME OF GUARDIAN _____ RELATIONSHIP TO STUDENT _____

ADDRESS _____

EMAIL ADDRESS _____ OCCUPATION _____

EMPLOYERS NAME _____

EMERGENCY CONTACT NUMBER (IF DIFFERENT FROM ALL ABOVE) _____

NAME OF PERSON(S) RESPONSIBLE FOR FEES _____

SIGNATURES _____

DECLARATION

I hereby enclose recommendation of good character and candidate's certified. I agree to pay one term's fee if the candidate is removed from Little Treasures Academy without a terms notice in writing. I have understood and pledge to abide by the rules and regulations of the schools at all times.

SIGNED _____ DATE _____

Date Received: _____ Birth Certificate Index NO: _____